

APPLICATION FOR PROGRAM DIRECTOR APPROVAL
Insurance Pre-Licensing Education

1. Full Name _____ 2. Social Security Number _____

3. Residence Address _____ Telephone Number (____) _____

4. Business Address _____

5. Qualifications – Check at least one

_____ 3 or more years of experience as an instructor or education administrator of the course to be taught.

(Attach letter signed by employer on company letterhead listing courses taught with a brief description of course material)

_____ 3 or more years of work experience in the subject matter to be taught.

(Attach letter signed by employer on company letterhead listing your position, title, description of job duties, etc.)

_____ A professional insurance designation related to subject matter to be taught
(Attach copy of diploma, certificate, etc.)

6. If answer is yes to any of the following then a statement providing complete details must be attached.

a. Have you ever been the subject of any disciplinary action, including suspension, cancellation, or revocation by any Insurance Department, Governmental entity or other licensing authority? ____ Yes
____ No

b. Have you ever been convicted, pled guilty or not contest in any criminal proceeding? ____ Yes
____ No

c. Have you ever been charged by any entity with misappropriation, conversion or withholding of money? ____ Yes ____ No

7. Education

Name of College or University _____ Did you graduate? _____

Type of Degree _____ Dates Attended _____.

8. Professional Development Courses (e.g. courses sponsored by professional organizations – do not list company in-service training courses.)

9. College Insurance Courses and name of college/university where course was taken.

10. I certify that the information provided in this application is true and correct to the best of my knowledge. I understand that any omission, inaccuracy or failure to make full disclosure constitutes grounds for denial of approval or for suspension/revocation of approval if granted.

Signature

Date